

Primary Health Care Services

by level of delivery

a checklist for achieving an integrated service

The EQUITY Project

South African Nursing Council Building, 3rd Floor 602 Pretorius Street Arcadia, Pretoria, 0007 Tel: 012-3446118/9

Fax: 012-3446115

Email: info@equityproject.co.za Website: www.equityproject.co.za

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This checklist of Primary Health Services was assembled by the EQUITY Project after both many informal discussions and formal reviews in different districts and with different members of provincial and local authority staff. The contributions of all these health workers in the five regions of the Eastern Cape is acknowledged. In particular, a workshop in Region D with regional and district staff was instrumental in the development of the checklist.

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- 15 Community Level
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- 41 Clinic
- 56 Community Health Centre and Day Hospitals
- 71 Sub District and District Community Hospital Services

+ School age

- 18 Community Level
- 29 Mobile Point or Satellite Clinic
- 46 Clinic
- 59 Community Health Centre and Day Hospitals
- 74 Sub District and District Community Hospital Services

+ Delivery

- 16 Community Level
- 28 Mobile Point or Satellite Clinic
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- 57 Community Health Centre and Day Hospitals
- 72 Sub District and District Community Hospital Services

+ Adolescent

- 19 Community Level
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- 60 Community Health Centre and Day Hospitals
- 75 Sub District and Community Hospital Services

+ Infancy

- 16 Community Level
- 28 Mobile Point or Satellite Clinic
- 44 Clinic
- 58 Community Health Centre and Day Hospitals
- 73 Sub District and District Community Hospital Services

+ Adult

- 20 Community Level
- 30 Mobile Point or Satellite Clinic
- 47 Clinic
- 62 Community Health Centre and Day Hospitals
- 75 Sub District and Community Hospital Services

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- 17 Community Level
- 29 Mobile Point or Satellite Clinic
- 45 Clinic

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- 21 Community Level
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INTRODUCTION

The need for a Core Package of Primary Health Care (PHC) Services has been felt by many health workers at different administrative levels and in different provinces. In the Eastern Cape Province, the National Department of Health with the University of the Witwatersrand Centre for Health Policy produced and discussed "A Core Package of PHC Services". The same Centre previously published "Confronting Need and Affordability Guidelines for Primary Health Care Services in South Africa" in 1996. Two other publications from the Centre: "Estimations of Resources for the Delivery of the PHC Package Costs, Staff and Finances", published in 1997, and "An Essential Hospital Package for South Africa selection criteria, costs and affordability", published in 1998, also looked at the costs of packages.

In spite of these detailed publications, the Eastern Cape Province still expressed the need to develop a package which provides a comprehensive, integrated approach. This checklist is designed to eliminate or minimize the promotive/preventive curative divide between former provincial services and local government services. It integrates many vertical services delivered by staff previously dedicated to providing single services with restrictions imposed by their job descriptions and by drug prescribing regulations. The package needed is one which can be used at any of the levels of care within a district and serves to unite the different service levels into one seamless continuance of care for all the population of the district.

The aims of the Eastern Cape Province PHC package are to:

- Provide a checklist for determining the services, staff facilities, equipment and drugs existing and needed at health care points
- Indicate PHC policy on services that should be available at each level of facility for all the members of a community
- Form a framework for setting of standards of care
- + Facilitate implementation and operationalisation of the services designed for different levels of delivery within a district
- + Enable districts to develop a time frame in which to plan completing their packages at different levels
- + Stimulate continued development of PHC in the province to ensure that all age and sex groups of the population can benefit from fully functional health facilities providing comprehensive, accessible, high-quality PHC services

This document describes PHC in terms of specific needs of individuals and does not just describe service programmes. It is orientated to cover all life stages in sequence: pregnancy, delivery, infants under one, preschool age, school age, adolescence, adults, and the elderly. The problems at these life stages and the services required differ. This approach, however, enables a health unit to consider all the individuals in the population in its catchment area and to have better integration of the various components of a comprehensive package.

The levels of service covered are Community, Mobile Point, Clinic, Health Centre and District Community Hospital. Basic essential equipment, drugs, supplies, facilities and staff are listed to define a fully functional health unit. The sequence of levels of service also helps to define the need for referral between these levels.

This package, when used as a checklist, is provided to each health unit to complete a self-assessment of their own capacity and to provide the services for each life stage. It has also been used at district or regional level for groups of supervisors and managers to work through and determine what is not available in their clinics and consequently which services cannot now be provided. The three columns: "done now", "introduce now" and "introduce in 2-5 years time" allows supervisors to see what needs to be done and when, to achieve a fully functional health unit. This allows for the development of a district operational plan based on this assessment.

2. THE COMMUNITY LEVEL OF PRIMARY HEALTH CARE

INTRODUCTION

The community always has its own resource persons who are the repositories of wisdom accumulated from generations of experience in the community's particular biological, physical and socio-cultural environment. These might be traditional healers, traditional birth attendants, religious leaders, retired health workers, or elders.

There are often community-based organizations working in health related fields - women's groups, youth groups, or pre-school groups, for example. Non-governmental organizations are often more numerous in towns and they can provide support in broad fields such as development, or can be working in specific health fields such as tuberculosis (TB), cancer, or disability.

The public health services might be linked to communities through Community Health Workers either truly community-based or clinic-based. Though called by many names, they are of the community, and work in the community which they know, and which knows them and their role. In many communities local health services have staff members who provide services in the community and for families; examples include Environmental Health Officers, community-oriented nurses, nutritionists, physiotherapists, and school nurses. The degree to which staff of clinics or health centers can take part in community health activities often depends on the availability of transport.

Outreach can be on foot for home visits nearby or can be by vehicle to areas on the periphery of the clinic catchment area.

The degree to which a community is taking responsibility for its own health is very important but is difficult to assess. Services are provided, supervised, initiated and supported by many agencies and sectors. Non-governmental and community-based organizations, private companies and institutions all play their part, in addition to national, provincial and local government sectors such as health, education, social welfare, water, agriculture, works and information. Within communities, the care provided by families and the personal behaviour of individuals, especially mothers, are even more important and are much influenced by the community's social environment. For most families, "mother is the basic health worker"!

The community level checklist has been designed to be used by health and welfare workers (nurses, Environmental Health Officers and Community Health Workers, social workers) to assess what is available and which agency provides it. The gaps and what is not available for a community are even more important to record - with comments, reasons, and plans to improve.

The community services checklist has also been adapted for use as a tool for community health committees to enlarge their vision of activities which they can support or initiate.

The following list of items are needed to make the suggested activities possible in a community. They might be provided by the clinic in whose catchment area the community falls, or they might be provided by non-governmental organizations or community members.

EQUIPMENT AND SUPPLIES

	✓ AVAILABLE NOW	✓ ACTION NEEDED	FUTURE NOTES
Referral forms for Community Health Workers (CHW) and Traditional Healers			
Report forms for births and deaths			
report forms for billins and deaths			
Survey forms for CHW for immunization, breast feeding and antenatal attendance			
Checklists for Environmental Health Officers school visit			
Posters on smoking, alcohol, drugs, safe sex, mental health, DOTS, paraffin			
Health education pamphlets on pregnancy, breast feeding, STD/HIV, acute flaccid paralysis, immunization, neonatal tetanus, diet for women, genetic defects			
Notice board on clinic times, activities			
Biscuits with micronutrients for preschools			
Menus & recipes for packed lunches for school children			

	✓ AVAILABLE NOW	✓ACTION FUTU NEEDED	RE NOTES
Cooking utensils for women's groups			
Sports guides for schools			
Life skills materials for schools			
Condoms & contraceptives for community-based distribution			
Tape measures for nutritional surveys			
Adult scale			
Child scales (hanging)			
Child growth charts			
Guidelines on home care for AIDS			
Tools & supplies for making or repairing community- based rehabilitation aids			

HEALTH WORKER ACTIVITIES IN COMMUNITY

+ NURSE VISITS TO SCHOOLS

- Nurses visiting schools should spend time on teachers education to:
 - (1) promote personal hygiene of pupils washing hands, cleaning teeth, educating children about dangers of smoking, drugs and alcohol;
 - (2) ensure that the life-style, sexuality education syllabus is being carried out in all classes and assisting teacher or peer educators with any problems;
 - (3) check and refer as appropriate any health problems identified or suspected in pupils by the teacher.
- Where possible nurses should make joint visits with the Environmental Health Officer to check buildings, toilets, water supply, kitchens and cooking facilities, if any.
- Nurses should discuss school feeding programmes with parents, teachers and pupils emphasizing energy-dense
 meals and sources of Vitamins A, C,iron, and use of iodised salt.
- For teenage girls and with female teachers, the nurse could have open discussion on sexual harassment and its prevention and control.
- Discussions on sexuality and reproduction with groups of males and females.

+ NURSE VISITS TO COMMUNITY

- A community register should be kept on:
 - (1) TB patients receiving DOTS in community. They should be visited to assure compliance and referral to clinic for checks of all under 6-year-old contacts and adult contacts with symptoms. TB treatment supporters should also be listed.
 - (2) Psychiatric patients returned after hospitalization and continuing on treatment.
 - (3) Any other patients with chronic conditions requiring continuing care especially among those who are too frail to attend the clinic.
 - (4) Pregnant women and newborns to assure continuity of care and through the earliest years of life.
- Home visits to AIDS patients if requested by patient and family.
- Discussion with village management committee on setting up a system for emergencies, such as phone calls for ambulance to clinic or hospital, a pool of cars and drivers prepared to take patients to hospital.
- Visits to disabled to check on rehabilitation and to arrange care from physiotherapist, optician, etc.
- Register of chronic diseases to be checked for patients who default from collecting their drugs (hypertensive, diabetes, cardiac, asthma).
- Establish and resupply community-based distribution of contraceptives and condoms.
- Assistance with community-based growth monitoring.
- Follow-up of infants who have not appeared at correct dates of EPI.

+ ENVIRONMENTAL HEALTH WORKERS

Environmental health workers have an important role to assess potential problems and arrange for corrective action. They often:

- Take part in community surveys with other health workers from other sectors, eg, for schistosomiasis in endemic areas.
- Arrange for improvement of sports facilities: safe from accidents, broken glass, better changing and toilet facilities
 etc, and hold discussion with youth on lifestyle problems.
- Provide guidance on home toilet construction, repair and maintenance.
- Visit prisons and remind homes to check environment.
- Visit factories, bus-stations, hotels, and bars to ensure freedom from health hazards and supply of condoms.
- Check water supplies and take samples for testing.
- Check on disposal of waste and waste water.
- Visit preschools and schools with nurse to check environment.
- Check on food hygiene and slaughtering.
- Discuss the problem of roaming pigs and dangers of cysticercosis.

+ COMMUNITY HEALTH WORKERS (CHW)

If there are CHW (volunteers or paid) they could undertake some of the following activities listed in the checklist:

- Refer pregnant women to the clinic for antenatal care.
- Inform clinic about women who gave birth at home.
- Inform the clinic about all deaths and assisting in obtaining information about the circumstances.
- Educate women about complications in pregnancy and their early signs (bleeding, headaches, swelling of hands and feet, pallor of tongue and hands) and letting them know of urgent need to go to a health unit (preferably health centre or hospital if clinic has no transport) and give them a referral letter.
- Educating women on need for more rest in pregnancy and improved diet.
- Teaching traditional birth attendants (TBA) and women's groups about the dangers of infection during child birth and
 the need for tetanus toxoid, the need for clean hands and surfaces, water, and an instrument for cutting the cord in a
 home delivery. In particular, teach about early referral for complications of pregnancy and for ensuring availability of
 transport in case of need.
- CHWs can teach men about rapid referral for a pregnant woman who bleeds.
- Arrange mobilization of infants and children for immunization days.
- Advise mothers to seek clinic assistance for children who are not reaching milestone in physical activity, speech, play. Providing handout in milestones.

- Work with mothers to establish community-based growth monitoring and promotion with supply of cards, a scale, and periodic visits from clinic nurse. In these sessions, there could be education on promotion of breast feeding, appropriate complementary foods for infants 6 months and older, vitamin and mineral rich foods, as well as oral rehydration in diarrhoea, and on early recognition of serious lower respiratory infection and need for clinic attendance.
- Provide Directly Observed Treatment Short-course (DOTS) for TB patients and support them in receiving treatment regularly until cured.

COMMUNITY-BASED SERVICES BY LIFE STAGES

• Refer contacts of TB patients to the clinic for a check-up.

+ PREGNANT WOMAN Health education on antenatal care for women indicating key signs of complications (headache, bleeding) on breast feeding, good maternal diet and need for iron and folate CHW and traditional healers referring pregnant women – make list and report to clinic Community arrangements for emergency transport of obstetrics cases

+ DELIVERY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Chiefs/TBA/CHW/mothers reporting births at home to the nearest health facility		
Postnatal home visit by clinic nurse for those delivered at home		
Training for TBA in clean delivery and referral		
Community support group for breast feeding		
Reporting perinatal deaths and miscarriage to clinic		
Recognition and referral of genetic defects		
+ INFANCY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
EPI campaign days in the community (with notices in prominent places eg shops, churches)		
Surveys (nutrition, immunization, disability) done with community participation		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Community awareness about acute flaccid paralysis, measles and neonatal tetanus, and need for reporting		
Home visits by nurse for low birth weight and twins		
Orphans care and fostering AIDS families		
Community-based care and training of mothers and family with disabled children		
Monthly CHW growth monitoring promotion and counselling of infants and preschoolers		
+ PRESCHOOL AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Parent committees for preschools and inspection of preschools with Environmental Health Officer & or nurse		
Community feeding projects in preschools		
EPI days for measles & polio check/booster		
Community-based rehabilitation of disabled children		

+ SCHOOL AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
School lunch/packed lunch		
School inspections by school nurses and Environmental Health Officer with parent committee		
School nurse weighs and measures heights of children and discussion with parents		
Teacher education on health - specific topics		
Environmental Health Officer checks of building and grounds		
Community sports facilities and coaching		
Street children shelter and training		
Parent/teacher meetings to improve parental support and responsibility		
Introduction of life-skills teaching in schools		

+ ADOLESCENT	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
'Guardians" for harassed adolescent girls		
Peer group educators for schools & out of school youth		
Contraceptive/condom supply in community		
Youth group activities for recreation and health		
Health education on smoking, alcohol, drugs, safe sex		
Adolescent nutrition guidance for girls and treatment of anaemia		
Environmental Health Officer checks on safety of sports facilities		
Youth mental health programme		

+ ADULT	✓ DONE NOW	✓ ACTION NEEDED	FUTURE PLANS
Surveys on health with involvement in community			
Participative investigation of outbreaks of disease (eg dysentery, rabies)			
Dispute/violence Committee			
Community assistance in early diagnosis TB			
DOTS in community with trained supporters			
Occupational situations monitored: factories/workshops, bus/taxi ranks, bars/hotels			
Community identification of occupational risk/accident areas/environmental threat such as drugs, waste water			
Health education/promotion in and with community; priorities: TB and HIV/AIDS/STD & condom use			
Home visits to: mentally ill, epileptic, disabled persons			
AIDS care and counselling, including orphans			
Emergency care arrangements for transport in community for violence/injury, obstetrics			

	✓ DONE NOW	✓ACTION FUTURE PLANS NEEDED
Environmental Health Officer checks on community water supplies and availability to families and on toilets and drains, village/area sanitation and disposal of rubbish, food hygiene and slaughtering		
Environmental Health Officer participation in community planning eg, water supply and latrines		
Mental health forum and reduction of stigma of mental illness and epilepsy		
Reintegration of mentally ill after hospital, nurses check on progress		
+ ELDERLY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Home visits for AIDS, hypertension, diabetes, chronic obstructive respiratory disease, asthma, mental illness with social worker/nurse		
Soup kitchens for elderly and unemployed		
Community volunteers for care of elderly, terminal care in community		

3. MOBILE POINT OR "SATELLITE CLINIC"

INTRODUCTION

A team from a Clinic, Health Centre, Hospital or District Council service might have a tour route of visiting points every week, two weeks or month. They might have a standard vehicle or a specially designed and fitted mobile clinic. The "point" is usually a place where there is a fixed population or where people (eg, from neighbouring farms) can gather. A "satellite clinic" is usually held in a building made available for being visited periodically but which was not designed as a clinic. (Some areas define a satellite clinic as one staffed from a hospital and perhaps operating daily or only on certain days with visiting staff). Whatever the administration certain basic equipment, drugs, vaccines, and supplies are needed-mostly being carried in the mobile clinic.

Most mobile stopping points require some person to act as "station-master" to provide some continuity between visits. The ideal would be a trained CHW or even a group of volunteers who undertake specific functions (eg, DOTS supporters, peer educators for youth, farmer's wife).

The following is needed for the mobile unit or nurse and vehicle visiting such health care points (HCPs):

ESSENTIAL EQUIPMENT AND SUPPLIES ESSENTIAL DRUGS, VACCINES ✓ YES ✓ NO ✓ YES ✓ NO NOW ADD **SUPPLIES** NOW ADD **EQUIPMENT** Antenatal cards EPI vaccines including TT + Child growth cards Sharps disposal Personal cards **Emergency tray** TB cards Essential drugs for mobile: drugs for TB, hypertension & cardiac cases diabetes, Referral slips asthma, epilepsy, skin diseases Vision testing chart Antibiotics for STD & lower respiratory infection Sphygmomanometer **ORS** Ergometrine Strethoscope Sputum and blood specimen bottles Vitamin A Dispensing counting tray Iron/Folate Contraceptives and condoms

ESSENTIAL EQUIPMENT	✓ YES ✓ NO NOW ADD	DRUGS, VACCINES SUPPLIES	✓ YES ✓ NO NOW ADD
Health education material		Plasma expender	
Blood sugar test		Dressing and splints	
Haemoglobinometer		Suction	
Urine test strips			
Delivery pack			
Gloves			
Scale pediatric & adult			
Auroscope and batteries			
Refrigerator/cold box			

COMMUNITY ACTION MOBILE POINT ONE DONE NOW NEEDED Check work of CHW (EPI, DOTS, nutrition, pregnancy) Meeting with village leadership; agenda: births, deaths (especially under 5 and women), illnesses, dates of clinics, environment cleanup, TB, condoms A verbal autopsy on deaths under 15 and women should be carried out with relevant respondents Establish breast feeding liaison group

SERVICES BY LIFE STAGE

+ PREGNANT WOMAN	✓ DONE NOW	✓ ACTION NEEDED	N
Complete history form and refer primigravida first attenders to health centre or hospital			
Routine examination on all			
Blood for RPR and typing taken and sent to health centre or hospital. Treatment for RPR positives			
Haemoglobin, urine, BP checked			
Tetanus toxoid/iron/folate given			
Health education - diet, rest and signs of complications for early referral, transport plan			

+ DELIVERY	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Preparedness for emergency delivery, transport		
Deliver normal pregnancy if imminent		
Arrange transport if early labour		
Postnatal care		
+ INFANCY	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
EPI schedule; follow until complete		
Growth monitoring, promotion and counselling		
Breast feeding advice, support; timely feeding		
Management less severe sick child - IMCI		
Disability screening		
Nutrition supplements, Vitamin A, iron		
Protein, Energy, Malnutrition (PEM) supplements for malnourished		

+ PRESCHOOL AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Complete EPI		
Growth monitoring and advice		
Education for mother child care, FP		
Treatment sick child (diarrhoea, lower respiratory infection		
Deworm if endemic area		
Check ears and treat any discharge		
Nutrition supplements, Vitamin A, iron		
Check on supplement for child disability		
+ SCHOOL AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Treatment illness and injury. Referral if more severe		
Check mild disability and refer (eyes, ears, reading)		

+ ADOLESCENT	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Contraceptives and counselling		
Group work with peer educator		
Treatment STD, counselling and control cards		
Treatment minor complaints and refer		
+ ADULT	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Treatment of illness and injury/refer		
STD treatment and counselling and partner slip		
Contraception and condoms, emphasise continuity of use		
AIDS care and counselling		
Collect sputum for TB examination		
DOTS: drugs for full course of treatment for one patient, in box labelled with name/meet supporter		

✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
	NOW

4. CLINIC

INTRODUCTION

A PHC clinic has as its objective to steadily improve the health of the communities which it serves in its catchment area, usually with a population about 10,000 people. The definition of health is: "a state of positive, physical, mental and social well-being and not merely the absence of disease" and this is to be achieved with involvement of the communities themselves and with the collaboration of other government and civic sectors, non-governmental and private organizations and individuals. The clinic is served by staff of knowledgeable, skilled and highly motivated workers.

Not all the staff are necessarily employed by one administration. Nurses may be paid by local or provincial government and there are often volunteer workers, non-governmental organization workers, private practitioners, social workers and visiting specialists from a variety of organizations. The key is having a co-ordinated joint objective: *the health of the community*, and the ability to work as a team and to do so in a patient-friendly atmosphere.

The clinic does not function in isolation. The communities have numerous resources for health-traditional practitioners, community-based organizations, non-governmental organizations, and perhaps Community Health Workers, DOTS supporters and retired nurses. These can refer patients to the clinic and should receive "reverse referral" information.

The clinic is also able to extend the services offered to the community by arranging, according to existing protocols, the referral of patients to higher levels of expertise, skills, facilities and

equipment such as health centres, and the district hospital with their capacity, in turn, to seek care from specialists at higher levels in secondary and tertiary hospitals. No patient at a clinic who needs hospitalization or more skilled diagnosis and management need therefore be restricted to the clinic's more limited package of essential care.

Integration of services is a feature of a PHC clinic. One example of this is the care given to the population at different stages of the life cycle. An adult woman should be able to obtain advice and contraception, be investigated and treated for STD, continue her treatment for TB, and receive education on safe sex all at the same attendance. If she brings a child with diarrhoea, the clinic should also give a full examination with nutritional assessment, assessment of level dehydration, checking of immunization, be given ORS and the mother taught about its use, continued feeding and prevention of further episodes. From this it is clear that a comprehensive service should be offered with health prevention, specific prevention, diagnosis and treatment and often the start of rehabilitation.

A clinic knows its communities as evidenced from an area map displaying its catchment area where patients reside. Nursing staff should visit homes of those needing help, such as: a women who delivered at home, twins, a bed ridden case of AIDS, or a TB patient who has defaulted from DOTS. The clinic will have good records and certain registers, such as for chronic diseases. Its routine information collecting will be first analysed for its own use to improve the services. Key services are portrayed on graphs to enable all to visualize progress towards shared goals such as immunization coverage, TB treatment and cure, family planning users and STD follow-up. These features within a clinic can show if it is serving a defined population or if it is merely serving only the sick who are able to visit it. Only if all data collected is analysed together will a complete picture emerge which can lead to better teamwork.

The essential package of PHC services available at a clinic implies the existence of many skills. If basic training did not include all of these (eg, sydromic treatment for STD) and if the main experience of some workers has been in only one field (eg, family planning) then the team will

have to consider ways of upgrading the range of skills of each worker. Each visit of the supervisor should be used to impart new knowledge and skills, based on the needs of the clinic team. Additional in-service training may be organized at the district, although the most effective strategy is sharing and using knowledge between team members on the job.

Every clinic should have a community health committee which functions with participation from clinic staff – this increases community involvement in health matters, an essential feature of PHC.

ESSENTIAL FEATURES		
	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
A reliable constant availability of essential drugs on PHC list		
All services available daily		
24 hour service on call if staff quarters exist		
Each curative contact to have preventive activities checked		
Each curative contact also to have immunization and weight checked and mothers given education on child care. No immunization opportunities missed		
Appropriate health education at each contact		
Patient/client oriented friendly teamwork		

	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Community health committee formed		
Committee meets at least once in 3 months		
Map of catchment area		
Graphs for monitoring coverage		
Relevant posters and wall charts in 3 languages (Xhosa, English, Afrikaans)		
Estimate of catchment population		
ESSENTIAL EQUIPMENT		
	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
EPI refrigerator (functioning)		
If gas refrigerator - 2 gas cylinders		
Refrigerator thermometer		
Ice packs		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Cold box		
Thermometers - oral		
Thermometers - rectal		
Heaters		
Tap measure		
Patella hammer		
Diagnostic set or auroscope		
Oxygen gauge and cylinder		
Dripstand		
Nebulizer mask - paediatric		
Torch		
Suturing material and instruments		
Sterilizer		
Delivery set		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Neonatal resuscitation trolley		
Stretcher		
Emergency tray for acute reactions		
Adult scale		
Weighing scale child		
Haemoglobinometer		
Sphygmomanometer and stethoscope		
Child growth cards properly filled and used as a health education tool		
Antenatal cards		
Sterilizer		
Sharps disposal		
Chronic disease register		
TB cards and register		

	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
TB sputum bottles and laboratory result with rapid response		
Referral slips		
Vision testing (Snellens Chart)		
Hearing screening equipment		
Tuning fork, 128 cps and rattle		
Test strips urine		
Test for blood sugar		
Specula		
Lamp		
Suction		
Airways		
Electricity		
Good security		

STAFF		
	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Senior professional nurse		
Professional nurse		
Advanced level midwife		
Staff nurse		
Assistant nurse		
SERVICES ALL AGES		
	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Treatment of illness and injury		
Referral for more serious illness, for diagnosis, for special care, for high risk or complications		
Follow-up and continued care for chronic illness, disability, mental Illness		

	✓ DONE NOW	✓ ACTION NEEDED	FUTURE NOTES
Health education on relevant promotive, preventive and community-home actions			
dentify environmental problem and refer to Environmental Health Officer for investigation			
Record/report births, deaths by cause			
SERVICES BY LIFE STAGES			
+ PREGNANT WOMAN	✓ AVAILABLE NOW	✓ACTION NEEDED	FUTURE NOTES
+ PREGNANT WOMAN 3-5 visits for all pregnancies			FUTURE NOTES
			FUTURE NOTES
3-5 visits for all pregnancies Primigravida referred to health centre or hospital for first			FUTURE NOTES
3-5 visits for all pregnancies Primigravida referred to health centre or hospital for first visit (if no advanced level professional midwife in clinic)			FUTURE NOTES

	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Screening for high risk and referral to health centre or hospital booking for whose with warning symptoms or signs		
Booking in clinic for normal delivery with transport plan if complications arise		
Hb and urine tests		
Blood for RPR and blood group and Rh		
Counselling and treatment if RPR positive (and for husband if necessary)		
Treatment of STD syndromes		
Health education (child care, immunization,		
breast feeding, contraceptives, nutrition) Mental health assessment and referral if indicated		
Education on need for post-natal examination and on family planning Screening and referral for genetic high risk		
Screening and referral for genetic high risk		

+ DELIVERY	✓ DONE NOW	✓ ACTIOI NEEDED	-	FUTURE NOTES
Routine normal delivery if no high risk factors				
Troduite Horman delivery in the might has ractors				
Emergency care and transport arrangement				
Ensure breast feeding in first hour, support for exclusive breast feeding to 4 months				
Neonatal and postnatal care				
BCG & Polio vaccines to newborn				
Mental health assessment (any depression or poor sleep)				
Registration of birth advice				
Post delivery check signs of infection (temperature and lochia)				

+ INFANTS (UNDER 1)	✓ DONE NOW	✓ ACTION NEEDED	FUTURE NOTES
First week check eyes and umbilicus and refer infection			
Educate mothers to bring infant quickly if fast breathing and stops breast feeding			
Immunization primary schedule to be complete by end first year (BCG, DPT3, Polio3, HBV3, Hib3, measles)			
Nutrition and breast feeding advice (link feeding advice with EPI: breast feeding advice with each DPT and after third introduce food, by 9 months, measles and to be on full diet in addition to breast feeding)			
Growth monitoring and promotion and counselling			
PEM scheme supplements for malnourished infant			
Supplements Vitamin A and iron			
Screening for disability with maternal training in care			
and rehabilitation Screen for development milestones and advise			
Sick child integrated management (refer according to protocol)			

+ PRESCHOOL (1-5) AGE	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Growth monitoring and promotion and counselling		
PEM scheme supplement for malnourished child		
Completion EPI schedule		
Treatment illness (diarrhoea, ARI, IMCI)		
Detection of disabilities and referral		
Treatment of worms		
Rehabilitation and assistance and training of mothers with disabled child		

+ SCHOOL (6-12) AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Treatment illness and injury; referral serious conditions		
Rape/abuse management and referral		
Early detection epilepsy and referral continued, treatment and education of epileptics		
Health education - oral hygiene, reproduction, nutrition		
Visits to school to work with teachers and referral for visual and learning problems		
Disability rehabilitation and repair of aids if needed		
+ ADOLESCENT (13-18)	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
STD treatment and counselling		
Contraceptives and counselling		
Rape/abuse management and referral		
Confidential diagnosis and care HIV		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Health promotion/education (smoking, diet, alcohol, drugs, safe sex, life skills)		
Mental health early detection and referral		
Continued treatment epilepsy and education		
Counselling and referral for termination of pregnancy up o 12 weeks (if advanced midwife present)		
+ ADULTS	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Health education (smoking, alcohol, drugs, safe sex, environment, nutrition, exercise)		
TB diagnosis, DOTS with aggressive follow-up		
Counselling and referral for termination of pregnancy		
Contraception		
STD treatment and counselling contact slips		
Mental illness - identification and referral		

	✓ DONE NOW	✓ ACTION NEEDED	FUTURE NOTES
Referral dog bites/animal bites			
AIDS care and counselling			
Emergency treatment of acute mental illness (sedation before referral, management of acute anxiety, alcohol withdrawal)			
Mental illness; continued treatment and home visit if needed; counselling of family of mentally ill			
Screening for hypertension and diabetes			
Continue treatment of chronic disease (hypertension, epilepsy, diabetes)			
Early detection of cancer: breast, skin, PAP smear for cervical cancer			
Referral of social problems to social worker			
Rehabilitation continued/provision aids			

+ ELDERLY	✓ DONE NOW	✓ ACTION NEEDED	N FUTURE NOTES
Screening for hypertension and diabetes			
Continued treatment of chronic disease after back referral From health centre/hospital			
Early suspicion cancer (cervix, oesophagus, breast, prostate and referral)			
Treatment illness and injury			
TB detection and DOTS			
Health education - diet			
Mental illness detection and referral and treatment continued			

O . COMMUNITY HEALTH CENTRE AND "DAY HOSPITAL"

INTRODUCT<u>ION</u>

The Community Health Centre is similar to the "Day Hospital" in that it has a greater level of more skilled staff, including doctors, dentists, specialized professional nurses and other disciplines such as social workers, physiotherapists, and medical technologists. Day Hospitals often function in relation to a hospital and might share their staff. They often function largely as a peripheral referral outpatient department. Community Health Centres, on the other hand, are usually responsible for a very large catchment area such as a subdistrict. They typically have a community outreach and supervise a number of clinics in their area. Being responsible for referrals from a large population, they also have more diagnostic and treatment facilities and the necessary staff eg, laboratory, X-ray, minor theatre, maternity wards, and holding beds for acutely ill. Out of necessity they will have good communication - vehicles and telephones.

A Community Health Centre should live up to its name and be a centre for generating health - it will do this through work with an effective community committee and relationships with non-governmental organizations and community-based organizations. If it has adequate meeting space it should host community meetings related to health and cultural affairs. Environmental Health Officers and other workers in nutrition, rehabilitation, social services are a vital part of Community Health Centre staff assuring links to the community.

ত্র Community Health Centre & Day Hospital

STAFF

	✓ DONE NOW	✓ ADD NOW	2 TO 5 YRS TIME
24 hour service and casualty service			
Psychiatric nurse maintaining psychiatric register			
Dentist			
Dental therapist and oral hygienist			
Professional nurses			
Professional higher level midwives			
Environmental Health Officer			
Medical officer			
Radiographer			
Laboratory technologist			
Laboratory technician			
Physiotherapist			

	✓ DONE NOW	✓ ADD NOW	2 TO 5 YRS TIME
Trained ambulance driver			
Pharmacist/Pharmacy assistant			
School nurse			
Genetics trained nurse			
Social worker			
Community liaison nutritionist			
Specialized auxiliary service officer			
VISITING SPECIALISTS			
Ophthalmologist/Optician			
Psychiatrist			
Physician			
Pediatrician			
Laboratory technologist			
Orthopaedic surgeon			

FACILITY AND EQUIPMENT

	✓ DONE NOW	✓ ADD NOW	2 TO 5 YRS TIME
Water available in building			
Electricity			
Telephone			
Radio communication			
X-Ray			
Laboratory			
Staff transport vehicle			
Equipped emergency vehicle			
Theatres (minor surgery and termination of pregnancy)			
Dental unit and equipment			
Maternity wing			
General holding beds and cots			

	✓ DONE NOW	✓ ADD 2 TO 5 YRS TIME NOW
Supplies: essential drug list for doctors & visiting specialists		
Autoclave		
Locked storeroom		
Dispensing tray		
Incinerator		

SERVICES BY LIFE STAGES

+ PREGNANT WOMAN	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Antenatal care for referred cases		
HIV counselling and testing when requested		
Health education (child care, EPI, breast feeding, contraception)		
Tetanus toxoid if not given at clinic		
Termination of pregnancy up to 12-16 weeks		
Teenage pregnancy counselling and support		
Early diagnosis of ectopics with referral to hospital		
Screen and care for mental illness		

+ DELIVERY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Management of hypertensive disease of pregnancy		
Normal delivery		
Forceps/vacuum extraction		
Manual removal placenta		
Blood transfusion or plasma expanders if required		
Breech delivery		
Post partum depression		
Accompanied ambulance referral to hospital for emergency		
BCG & Polio to newborn		
Management of post partum infections referred in by clinics after home delivery		

+ INFANCY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Perinatal care and resuscitation		
Treatment of eye and umbilical infections referred from clinics		
Check for disability - squint hearing, orthopaedic (club foot) cleft palate - hare lip		
Treatment of severe LRI and severe diarrhoea		
Diagnosis and treatment of infant illness and referral when necessary (including Meningitis)		
TB - referral for diagnosis		
DOTS treatment of diagnosed TB		
HIV/AIDS diagnosis and care		
EPI especially for missed opportunities		
Promotion exclusive 4-6 month breast feeding		
Growth monitoring, promotion and counselling		
Vitamin A and Iron		
Assessment and care of disabilities		

+ PRESCHOOL AGE	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Treatment of severe lower respiratory infection and diarrhoea dehydration		
TB DOTS/prophylaxis of TB contacts		
HIV/AIDS diagnosis and care		
Paediatric consulting		
Management paraffin and other poisoning		
Assessment and care of disabilities		
+ SCHOOL AGE	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
TB diagnosis, DOTS, prophylaxis contacts		
Diagnosis – Rheumatic fever; continue prophylaxis		
Treatment less severe fracture and injury		
Arrangements for specialist consultation		
Sexual abuse investigation and counselling		
oonaar abass invostigation and sounsoining		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Diagnosis and management schistosomiasis		
Dental check and simple filling and cleaning		
Dental pain relief and infection control		
+ ADOLESCENT	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Contraceptives and counselling		
Pelvic infection investigation and management		
Incomplete abortion management		
Termination of pregnancy		
HIV counselling and testing		
Infected circumcision management		
Counselling on drugs/alcohol		
Treatment sport and other injury		

	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Diagnosis and management – schistosomiasis		
Epilepsy treatment		
Initiate youth mental health programme		
Crisis intervention for mental disturbance		
STD treatment (syndromic)		
Rape case management		
Management and referral of acute psychiatric emergencies (suicide)		

+ ADULT	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Snake bite treatment		
Rabies immunization after dog/animal bites		
Injuries and simple fracture management		
TB diagnosis (sputum + and sputum -), DOTS		
STD treatment (syndromic)		
HIV counselling and testing		
Emergency care trauma, acute illness		
Drowning/poisoning management		
Chronic disease diagnosis and management:		
Hypertension		
Diabetes		
Arthritis		
Asthma/Bronchitis/Emphysema		
Cardiac failure		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Mental illness diagnosis and early management of emergency		
Mental illness continued treatment		
Family counselling for domestic violence		
Rehabilitation: continued physiotherapy and orthoptist		
PAP smear and referral		
Management of climacteric and menopausal symptoms		
Periodic review of occupational health problems by Environmental Health Officer		

+ ELDERLY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
TB DOTS/contract tracing and prophylaxis		
Treatment of chronic diseases		
Referral failing vision/cataract, glaucoma		
Tentative diagnosis cancer:		
Breast		
Oesophagus		
Prostate		
Liver		
Cervix		
Diagnosis or referral of mental health problems		
Social worker reviews problems		

6 SUB DISTRICT AND DISTRICT COMMUNITY HOSPITAL SERVICES

INTRODUCTION

The District Community Hospital is situated in town where the District Health Management Team is also located. The staff is larger and there are more specialized skills to deal with patients referred from all the health centres and clinics and those brought in by the emergency services. The equipment and drugs allow for more specialized diagnoses and management including that done in wards and theatres.

The outpatient department is for cases referred to doctors and specialists and there is a 24 hour casualty service for emergencies and trauma. The outpatient department is not intended as a first point of health care, but rather functions efficiently only if used for referral services. The District Hospital, if meticulous about back referral letters to clinic staff who refer cases, should be the focus for much ongoing continuous education in the district. Also, if clinic staff are rotated periodically through chosen departments, this will ensure continuing improvement of clinic skills and diagnostic acumen in the periphery. Thus, the District Hospital serves a vital role improving quality of care throughout the entire district and helps to develop the capacity of all district staff, not only those posted in the hospital.

From the hospital, several community-based activities can be promoted: support groups for the mentally disabled, community-based rehabilitation, psycho-social rehabilitation for substance abuse. An Environmental Health Officer could check the hospital environment. Environmental Health Officers will also participate in outbreak investigations, eg, typhoid, dysentery.

FULL TIME STAFF		
	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
General duty doctors		
Visiting general practitioners		
Pharmacist		
Dentist		
Dental therapist		
Dental hygienist		
Specialist physician		
Specialist paediatrician		
Specialist surgeon		
Professional mental health nurse		
Psychologist		
Professional higher level midwives		

	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Professional infection control nurse		
Professional theatre nurses		
Professional nurse training		
Professional nurse management and administration		
Professional nurse paediatric and perinatal care		
Optometrist		
Audiology technician		
Physiotherapists		
Occupational therapist		
Social worker		
Radiographer		
Laboratory technologist		
Trained emergency service drivers		

+ VISITING SPECIALISTS AND OTHER CATEGORIES

Indicate frequency	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Obstetrician/gynaecologist		
Psychiatrist (resident or visiting)		
Orthopaedic surgeon		
Ophthalmologist		
Ear/Nose/Throat specialist		
Anaesthetist		
Social Worker		
Nutritionist		
Environmental Health Officer		

HOSPITAL FACILITIES		
	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
24 hour casualty service		
Maternity ward		
Delivery labour room		
General theatres		
Laboratory facilities		
X-Ray		
Equipped ambulance with communication links (24 hr)		
Children's ward		
Acute mental illness ward for 10 men and 10 women, separate from other wards and secure		
Surgical wards		
Medical general wards		
TB beds if designated as such		

	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Mental beds if designated as such		
Chronic wards		
Mortuary		
Blood bank		
Outpatient department		
Essential Drugs List for hospitals		

SERVICES BY LIFE STAGES

+ PREGNANT WOMAN	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Care for booked high risk cases; heart, hepatitis, bad obstetric history		
Health education for special cases (teenage pregnancy, twins, premature labour, HIV positives)		
Incomplete/septic abortions		
Antenatal care for referred cases with problems		
Tetanus toxoid to be completed (3)		
HIV testing when requested		
Counselling for HIV positives		
Care of hypertensive disease of pregnancy		
Termination of pregnancy		
Teenage pregnancy		

+ DELIVERY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Delivery of high risk pregnancies/complicated		
Caesarean section		
Management of: ruptured uterus, ruptured ectopic pregnancy, abruptio placenta, placenta praevia, intrauterine death, various mal-presentations, retained placenta		
Blood transfusion where indicated		
Management of hypertension disease of pregnancy		
Management of post partum depression		
BCG and Polio to newborn		
Accompanied transport to secondary or tertiary hospital		
Neonatal care/resuscitation		

+ INFANCY	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Incubator care for extremely low birth weight		
Care of neonates with infections		
Care of congenital anomalies/genetic counselling		
Referred case of lower respiratory infection, diarrhoea with dehydration, severe malnutrition		
Meningitis, hepatitis		
HIV positive infants - nutrition and illness care		
Paediatric diagnostic problems		
Completion of EPI as needed		
Arrangements for referral of problem cases to secondary or tertiary hospital		
Support to family on management of mentally ill or disabled child		
Assessment of infant disability for rehabilitation		

+ PRESCHOOL AGE	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Treatment severe lower respiratory infection, severe malnutrition, diarrhoea (+ or HIV)		
TB diagnosis and arrangement for DOTS		
Paediatric diagnostic problems and higher referral		
Poisoning and trauma		
EPI as needed		
Assessment of disability and referral to rehabilitation		
+ SCHOOL AGE	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
Tuberculosis sputum negative or for culture		
Treatment injuries and fractures		
Sexual abuse and infections		
Assessment and referral for rehabilitation		

+ ADOLESCENT	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
TB sputum negative for investigation		
HIV+ illness for investigation		
Termination of pregnancy: incomplete treatment and counselling		
Mismanaged circumcision treatment and referral		
Diabetes		
Sports injuries		
Mental illness		
Rehabilitation		
+ ADULT	✓ DONE NOW	✓ ACTION FUTURE NOTES NEEDED
Pyrexia unknown origin for diagnosis		
Cancer for diagnosis		
Hypertension for initial investigation and treatment		

	✓ DONE NOW	✓ ACTION NEEDED	FUTURE NOTES
Diabetes for initial investigation and treatment			
Injuries and fractures			
Severe asthma			
HIV+ pneumonia for diagnosis			
Mental illness and acute alcoholism or drugs			
Pelvic inflammatory disease (severe)			
Gynaecological investigation for referral			
TB: severely ill or relapse for culture			
Management acute referred mental health patients			
Referral unmanageable and forensic mental cases			
Management and rehabilitation persons with substance abuse			
Day care for mental health cases			
Repair of rehabilitation aids			

+ ELDERLY	✓ DONE NOW	✓ACTION FUTURE NOTES NEEDED
TB relapse		
Cardiac failure		
Severe hypertension		
Pneumonia		
Stroke and rehabilitation		







